



**Washington State  
Health Care Authority**

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April 12, 2010

TO: Interested Parties

FROM: Susan DeBlasio, RFP Coordinator

SUBJECT: RFP K183: Washington Health Program - Amendment 1

Amendment 1 to the above Subject RFP has been issued. This amendment provides HCA's Answers to Bidder submitted questions.

The remaining Schedule for this procurement is as follows:

SCHEDULE: HCA reserves the right to revise this Schedule.

Event	Due Date	Time
Proposals Due	April 16, 2010	3:00 PM PDT
Announce Apparent Successful Vendor (ASV)	April 23, 2010	

## RFP # K183 - Washington Health Program Amendment 1

RFP SECTION	BIDDER QUESTION	HCA ANSWER
1. RFP Content	Is the April 5 Basic Health Plan RFP different in any way from the one previously issued, and to which there were no respondents? If it is different, do you have a summary of the changes?	<p>Following is an abbreviated summary of substantive differences between RFP #160 and RFP #183. This summary is not inclusive of all revisions. Please refer to the <a href="#">agency-posted RFP</a> documents for additional details.</p> <ul style="list-style-type: none"> <li>• The HCA will limit its award to one or two vendors, state-wide</li> <li>• The HCA will consider bids from vendors who wish to administer the Standard Health Questionnaire, rather than the HCA performing this function</li> <li>• Washington Health will offer two products, one with a \$75,000 annual maximum benefit and another with a \$100,000 annual maximum benefit</li> <li>• For vendors with clinic networks, Washington Health will offer additional discounts around copays and coinsurance to encourage enrollees to access services in the clinics</li> <li>• Enrollees who choose to access services from nonparticipating providers (those outside a vendor's clinic or contracted provider network) may be subject to balance billing. This does not apply when the enrollee is directed by the PCP or hospital to access those providers. In those cases, and in instances where the enrollee does not have a reasonable opportunity to choose a contracted provider, such as an emergency room setting, no balance billing will be allowed</li> <li>• The HCA reserves the right to assess a performance fee or any Performance Standard not met in a given period.</li> </ul>
2. Purpose	It would also be helpful if the HCA could provide some document that states why the RFP is being re-issued and what the changes are.	Please refer to Section 1 of the RFP.
3. RFP Content	How is this RFP different from the last one? Would you provide a summary of the changes?	Please see the HCA's response to question 1.
4. Outreach	The RFP reads that HCA will manage outreach as a way to reduce administrative burden to the plans. How will the HCA determine success? Will representatives from the plans be permitted to sit on the Outreach Planning Team or attend functions such as benefits fairs/presentations?	As indicated in our RFP, the HCA is planning for outreach and marketing efforts to effectively appeal to our BH Waitlist as well to the uninsured market in general. We believe success is measured in the number of lives the Washington Health Program effectively covers. We hope to cover approximately 40,000 within the first 18 months of the program. The HCA is willing to partner with contracted health plans in the implementation of our marketing and outreach efforts. While there is no formal Outreach Planning Team, there will be Contractor opportunities for input into our marketing approach and execution. We are also open to health plan involvement in outreach fairs and other public events.